1									Application or Docket Number					
	PATENT		ON FEE C tive Octo	RD	10809649									
CLAIMS AS FILED - PART I . (Column 1) (Column 2)									SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS .				20)			ſ	RATE	FEE	7	RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA			BASIC F	385.00	OR	Basic Fee	770.00	
TOTAL CHARGEABLE CLAIMS				子台	กมร 20=				XS 9=	1	OR	X\$18=		
INDEPENDENT CLAIMS				3 "	inus 3 =	-			X43=		OR	X86=		
MR	JLTIPLE DEPE	NDEN	IT CLAIM P	RESENT					+145=		OR	+290=		
- 11	the difference	in o	olumni 1 is	less than zero, enter "0" in column 2					TOTAL	+-	OR	TOTAL	770	
,	. , 0	L:AI	MS AS A	MENDE				•	OTHER	THAN				
4	19/03	٠.	olumn 1)	(Column 2) (Col			(Column 3)	_	SMALL ENTITY		OR	SMALL		
¥ E]	CLAINS EMAINING AFTER		HIGH NUME PREVIO	JEA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		FROMENT	Minus	- /	<u>80</u>	.0	†	X\$ 9=	7 756	OR	X\$18=	M	
	Independent	•	9	Minus	-	3	= /	ŀ	X43=		OR	X86=	300	
	FIRST PRÈSE	NTA	TONOF MI	ULTIPLE DE	PENDENT	CLAIM		ľ	+145=	†	OR	+290=	777	
	•							L	TOTAL	 		TOTAL	27560	
	•						•	A	DOIT, FEE		JOA ,	ADDIT. FES		
(Column 1) (Calumn 2) (Calumn 3)														
AMENDMENT B	10/13/05	RI	MAINING APTER ENOMENT		PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•	16	Minus	-2	0	. /	. [X\$ 9=,		OR	X\$18=		
	Independent	<u>.</u>	3	Minus	- 3	<u>.</u>		·ſ	X43• ·		OR	X86=	•	
	FIRST PRESE	NIÝI	ION OF MU	ALIPLE DE	ENDENT	COM	لحاطب	Γ	+145=		ÓR	+290=		
	•										QR.	TOTAL		
		10	ohumn 1)		(Colum	~21	(Column 3)	.~	OOIT. FEE	•		· ·		
1	7		ZAMS		HEGHE		(Conning)	<u></u>	· :					
ž	•	-	MAINING NFTER		PREVIO	ea Isly	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
3 1	Total	• AM	HOMENT	Minus	PAID F	OR ·		+	X\$ 9=	FEE		X\$18=	FEE	
	Independent	•	ㅜ	Minus	-(2)	-7)	-		H	OR		+-1	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	X43=		ÓR	X86=		
		_		•					+145=	V	OR	+290=		
- 11	the entry in column to Prightest Hum	nber F	reviously Pai	d For IN THIS	S SPACE &	less l'es	20. emer "20."	ب. 40	TOTAL OIT, FEE	• * * •	OR A	DOTAL DOT, FEE	4	
7	i the "Highest Nor The, "Highest North	aber fr ber Pr	Toxicusly Paid Ovicusly Paid	is for IN THE For (Total or	5 BPAÇE is 'meepender	loss tha 1) is the	n 3, enter "3." Nighest number		_	propriate box				